



SACRAMENTO  
STATE

# Course Change Proposal Form A



|  |   |   |
|--|---|---|
| <b>Academic Group (College):</b><br><b>Arts and Letters</b>  | <b>Academic Organization (Department):</b><br><b>Design</b>   | <b>Date:</b> April 22, 2009   |
| <b>Type of Course Proposal:</b><br>New ___ Change <input checked="" type="checkbox"/> Deletion ___   | <b>Department Chair:</b><br><b>Sharmon Goff</b>   | <b>Submitted by:</b><br><b>Andrew Anker</b>   |
| <b>Does this course fulfill a requirement for single-subject or multiple subject credential students?</b> Yes ___ No <input checked="" type="checkbox"/> | <b>For Catalog Copy:</b> Yes <input checked="" type="checkbox"/> No ___<br><b>CCE (Extension):</b> Yes ___ No <input checked="" type="checkbox"/> | <b>Semester Effective:</b><br>Fall <input checked="" type="checkbox"/> Spring ___, 2009 ___ |

This course replaces experimental course Subject Area (prefix) and Catalog Nbr (course number):

**Change from:**

|   |  |                 |
|---|--|-----------------|
| <b>Subject Area (prefix) &amp; Catalog Nbr (course no.):</b><br>INTD 124D | <b>Title:</b> Principles of House Design | <b>Units:</b> 3 |
|---|--|-----------------|

**Change to:**

|   |                         |               |
|---|-------------------------|---------------|
| <b>Subject Area (prefix) &amp; Catalog Nbr (course no.):</b><br>NO CHANGE | <b>Title:</b> NO CHANGE | <b>Units:</b> |
|---|-------------------------|---------------|

**JUSTIFICATION:**

We are adding prerequisites in order to insure that students are prepared for this class. This is an advanced design history class so students should first complete INTD 20, a survey of design history.

**NEW COURSE DESCRIPTION:** (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/umannual/AcadAff/FSC00060.htm> - Guidelines for Catalog Course Description)

NO CHANGE

**Note:**

**Prerequisite:** INTD 20  
**Enforced at Registration:** Yes  No

**Corequisite:**  
**Enforced at Registration:** Yes No

**CAN (California Articulation Number):**

**Graded:** Letter  Credit/No Credit \_\_\_ **Instructor Approval Required?** Yes \_\_\_ No

**Course Classification (e.g., lecture, lab, seminar, discussion):**  
NO CHANGE **Title for CMS (not more than 30 characters)**  
NO CHANGE

**Cross Listed?** Yes \_\_\_ No  **If yes, do they meet together and fulfill the same requirement, and what is the other course.**

**How Many Times Can This Course be Taken for Credit?** 1

**Can the course be taken for Credit more than once during the same term?** Yes \_\_\_ No

**FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:**

**Description of the Expected Learning Outcomes:** Describe outcomes using the following format: "Students will be able to: 1), 2), etc." See the example at <http://www.csus.edu/acaf/example.htm>

NO CHANGE

**\*\*Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.**

**Assessment Strategies:** A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

NO CHANGE

**For whom is this course being developed?**

Majors in the Dept  X  Majors of other Depts      Minors in the Dept      General Education      Other       
 Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes      No       
 If yes, identify program(s):

Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes      No       
 If yes, attach a description of resources needed and verify that resources are available.

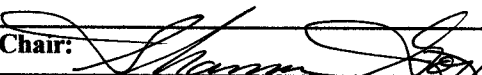
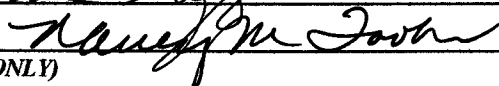
Indicate which department or programs will be affected by the proposed course (if any). \_\_\_\_\_

*The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.*

**Approvals:** If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

**Signatures:**

**Date**

|   |         |
|---|---------|
| Department Chair:                | 4-27-09 |
| College Dean or Associate Dean:  | 5-6-09  |
| CPSP (for school personnel courses ONLY)  |         |
| Associate Vice President and Dean for Academic Programs   |         |

**Distribution:** Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.